## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

\$ERIA 10/535448 FILING DATE

VITH FORM PTO-875)

CLAIMS

	AS FILED AFTER				AFTER 2 ** AMENDMENT		AIMS	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	2 AME	_
1							51			-1110.	DEI.	IND.	DE
2		/					52						
3							53						<u> </u>
5	<del></del>	-					54						
6							55						
7							<u> 56</u> 57						
8							58				<del> </del>		
9							59						
10							60						
11							61						
12							62						
13 14							63						1
15	·						64						
16							65						
17							66						
18						(	68						_
19							69						_
20							70						
21							71						
22							72						
23							73						
24 25							74						
26							75 76						
27							77						
28							78				<del></del>		
29							79						
30							80						
31							81						
32					i		82						
33 34						{	83						
35							84						
36							85 86						
37							87						
38							88						
39.							89						
40							90						
41						]	91						
42							92						
43 44				<del>}</del>			93						
45							94 95		<u>·</u>				
46							96		<del></del>				
47							97						
48							98						
49							99					10	
50							100						
AL IND.	2	4		4		₽	TOTAL IND.		4		4	·	4
	3	4	1.	4		4	TOTAL DEP		4		4		<b>4</b>
AIMS	5						TOTAL CLAIMS						